



APRIA HEALTHCARE®

26220 Enterprise Court
Lake Forest, California 92630
Tel (949) 639-2000

RECEIVED
FEC MAIL CENTER
2016 SEP 28 AM 11:19

September 26, 2016

Ms. Samantha Hay
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463

Re: July Quarterly Report (05/19/2016 – 06/31/2016)
Apria Healthcare LLC Political Action Committee ("Apria PAC")
FEC Identification Number C00240218

Dear Ms. Hay:

We are in receipt of your letter dated August 24, 2016 (a copy of which is enclosed) regarding discrepancies in the cash on hand and year-to-date totals in our 2016 July Quarterly Report.

As background information, we corrected our April Quarterly Report as instructed by Mr. Fortkiewicz in his July 5, 2016 letter. By amending this report, it revealed mathematical errors in the subsequently filed Pre-Primary Report and July Quarterly Report. Therefore, we amended all three reports.

At the time we amended our reports, our PAC software provider experienced internet connectivity issues. We mistakenly believed that each of our amendments successfully uploaded to the FEC. Unfortunately, the Amended July Quarterly Report did not upload properly.

We have now successfully filed our Amended 2016 July Quarterly Report. Enclosed is a copy of the Report together with an acceptance confirmation from the FEC.

Thank you for calling this matter to our attention. Please feel free to contact me by telephone at (949) 639-2000 or email at raoul.smyth@apria.com should you have any questions or further concerns.

Sincerely,

Raoul Smyth
Treasurer, Apria PAC

/cb
Enclosures



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RECEIVED

AUG 30 16

APRIA
LEGAL

COPY

RQ-2

August 24, 2016

RAOUL SMYTH, TREASURER
APRIA HEALTHCARE INC POLITICAL ACTION
COMMITTEE (FKA)HOMEDCO INC PAC
26220 ENTERPRISE COURT
LAKE FOREST, CA 92630

Response Due Date
09/28/2016

IDENTIFICATION NUMBER: C00240218

REFERENCE: JULY QUARTERLY REPORT (05/19/2016 - 06/30/2016)

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **Failure to adequately respond by the response date noted above could result in an audit or enforcement action.** Additional information is needed for the following 3 item(s):

1. The beginning cash balance of this report does not equal the ending balance of your Pre-Primary Report (4/1/16-5/18/16). Please correct this discrepancy and amend all subsequent report(s) that may be affected by the correction. (52 U.S.C. §30104(b) (formerly 2 U.S.C. § 434(b)(1)))
2. Your calculations for Line 8 appear to be incorrect. Cash on hand at the close of the current reporting period should always equal the closing calendar year to date cash on hand amount. Please provide the corrected total on the Summary Page. (52 U.S.C. §30104(b) (formerly 2 U.S.C. § 434(b)))
3. The totals listed on Line(s) 7, 23, 31, and 32, Column B of the Summary and Detailed Summary Page(s) appear to be incorrect. Column B figures for the Summary and Detailed Summary Pages should equal the sum of the Column B figures on your previous report and the Column A figures on this report. Please file an amendment to your report to correct the Column B discrepancies for this report and all subsequent report(s) which may be affected by this correction. Note that Column B should reflect only the Calendar Year-to-Date totals. (52 U.S.C. §30104(b) (formerly 2 U.S.C. § 434(b)))

Please note, you will not receive an additional notice from the Commission on this matter. Adequate responses must be received by the Commission on or before the due

NOTED BY COMMISSION

APRIA HEALTHCARE INC POLITICAL ACTION COMMITTEE (FKA)HOMEDCO INC
PAC

Page 2 of 2

date noted above to be taken into consideration in determining whether audit action will be initiated. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action. **Requests for extensions of time in which to respond will not be considered.**

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1185.

Sincerely,



Samantha Hay
Campaign Finance Analyst
Reports Analysis Division

2019-06-28 PM 00:00:29

Borgmeyer, Carolyn

From: noreply-efiling@fec.gov
Sent: Monday, September 26, 2016 3:44 PM
To: Borgmeyer, Carolyn
Subject: FEC Electronic Filing Results

DISCLOSE -- FEC Financial Disclosure Filing Acknowledgement

This is to acknowledge the receipt and acceptance of your electronic filing via the DISCLOSE protocol.

Your filing was received and accepted by our system at 09/26/2016 - 18:43:32, and was assigned the Filing ID of: FEC-1101372

Please make a note of this, as it will be necessary to refer to this information in the future.

Thank you for using DISCLOSE.

Do not reply to this notice. It is sent from an unattended account that cannot receive email.

For your reference, the output of the validation check was as follows:

FEC File Validator Version 8.1.0.3

For technical support, please contact: ELECTRONIC FILING OFFICE, FEC Direct dial: 202-694-1642, Toll free: 1-800-424-9530 x 1642

=== Identification Section ===

Committee ID: C00240218
Committee Name: APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE
Filing Type: F3XA
From/Through: 20160519 - 20160630

Software/Ver#: Stakeholder FEC eFiler / Ver# 4.00

=== Results Section ===

>>>----> FEC data file PASSED validation! <----<<<

=== Summary Page Totals Section ===

Cover/Summary Page Totals for Form: F3X

Line No.	Column A	Column B
6A 2016		195,468.65

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2016 SEP 28 AM 11:19
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

26220 ENTERPRISE COURT

Check if different
than previously
reported. (ACC)

LAKE FOREST

CA

92630

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00240218

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15
Quarterly Report (Q1)
- ☒ July 15
Quarterly Report (Q2)
- ☐ October 15
Quarterly Report (Q3)
- ☐ January 31
Year-End Report (YE)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)

PRE-Election

Report for the:

☐ Convention (12C)☐ Special (12S)

Election on

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

in the
State of

5. Covering Period

05

19

2016

through

06

30

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer RAOUL SMYTH

Signature of Treasurer

RAOUL SMYTH

Date

09

26

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

MM / DD / YYYY
05 / 19 / 2016

To:

MM / DD / YYYY
06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2016		195468.65
(b) Cash on Hand at Beginning of Reporting Period.....	96793.65	
(c) Total Receipts (from Line 19)	1552.50	7377.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	98346.15	202846.15
7. Total Disbursements (from Line 31).....	35000.00	139500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	63346.15	63346.15
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

MM / DD / YYYY
05 / 19 / 2016

To:

MM / DD / YYYY
06 / 30 / 2016

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

1005.00

2770.00

(ii) Unitemized.....

547.50

4607.50

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1552.50

7377.50

(b) Political Party Committees.....

0

0

(c) Other Political Committees
(such as PACs).....

0

0

(d) Total Contributions (add Lines
11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶

1552.50

7377.50

12. Transfers From Affiliated/Other
Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures
(Refunds, Rebates, etc.)
(Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made
to Federal Candidates and Other
Political Committees.....

0

0

17. Other Federal Receipts
(Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account
(from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5).....

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

1552.50

7377.50

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

1552.50

7377.50

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	0	5000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	5000.00
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	134500.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	35000.00	139500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35000.00	139500.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Ex- **penditures**

COLUMN A **Total This Period**

COLUMN B **Calendar Year-to-Date**

- 33. Total Contributions (other than loans)
(from Line 11(d), page 3)
- 34. Total Contribution Refunds
(from Line 28(d))
- 35. Net Contributions (other than loans)
(subtract Line 34 from Line 33)
- 36. Total Federal Operating Expenditures
(add Line 21(a)(i) and Line 21(b))
- 37. Offsets to Operating Expenditures
(from Line 15, page 3)
- 38. Net Operating Expenditures
(subtract Line 37 from Line 36)

1552.50
0
1552.50
0
0
0

7377.50
0
7377.50
5000.00
0
5000.00

2016-09-28 PM 00:00:27

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: F3XA

Transaction ID :

Report amended to correct totals - pre-primary report covering period 04/01/2016 to 05/18/2016 amended.

Form/Schedule:

Transaction ID:

2016-05-28 08:00 AM

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 14
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. James C Bowers

Mailing Address 256 Aerie Ct

City State Zip Code
Roseville CA 95661-4063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Market Leader

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 24 / 2016

Transaction ID : 527-P22794

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Michael F. McGrath

Mailing Address 1209 Reggio Aisle

City State Zip Code
Irvine CA 92606-0855

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Dir. Internal Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 24 / 2016

Transaction ID : 527-P22818

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Theresa A Noble

Mailing Address 41427 N Laurel Valley Way

City State Zip Code
Anthem AZ 85086-1281

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 24 / 2016

Transaction ID : 527-P22798

Amount of Each Receipt this Period

105.00

Payroll Deduction

(\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....

225.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 8 OF 14	
(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Kimberlie K Rogers-Bowers		Date of Receipt MM / DD / YY 06 / 24 / 2016 Transaction ID : 527-P22800
Mailing Address 1200 Gulf Blvd., #806		Amount of Each Receipt this Period 75.00
City Clearwater	State FL	Zip Code 33767
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$25.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Sr VP Reg Affairs & Acq I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) B. Garrett Y Saito		Date of Receipt MM / DD / YY 06 / 24 / 2016 Transaction ID : 527-P22801
Mailing Address 28 Flintstone		Amount of Each Receipt this Period 75.00
City Aliso Viejo	State CA	Zip Code 92656-1919
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$25.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Market Leader	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	
Full Name (Last, First, Middle Initial) C. Richard H. Scholl		Date of Receipt MM / DD / YY 06 / 24 / 2016 Transaction ID : 527-P22820
Mailing Address 8 Lilac Lane		Amount of Each Receipt this Period 60.00
City Garnerville	State NY	Zip Code 10923
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$20.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation Branch Manager 3	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
SUBTOTAL of Receipts This Page (optional).....		210.00
TOTAL This Period (last page this line number only).....		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 14
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

A. Raoul Smyth Full Name (Last, First, Middle Initial) Mailing Address 11 Ensueno E City Irvine State CA Zip Code 92620-1844 FEC ID number of contributing federal political committee. C Name of Employer Apria Healthcare Occupation EVP, General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 455.00		Date of Receipt 06 / 24 / 2016 Transaction ID : 527-P22802 Amount of Each Receipt this Period 105.00 Payroll Deduction (\$35.00 Bi-Weekly)
B. Gregory A Tewell Full Name (Last, First, Middle Initial) Mailing Address 213 N Willow Springs Rd City Orange State CA Zip Code 92869-4534 FEC ID number of contributing federal political committee. C Name of Employer Apria Healthcare Occupation VP Business Systems Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00		Date of Receipt 06 / 24 / 2016 Transaction ID : 527-P22803 Amount of Each Receipt this Period 90.00 Payroll Deduction (\$30.00 Bi-Weekly)
C. Andrew Cameron Thompson Full Name (Last, First, Middle Initial) Mailing Address 20 Westchester Ct City Prosper State TX Zip Code 75078 FEC ID number of contributing federal political committee. C Name of Employer Apria Healthcare Occupation EVP Zone West Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 975.00		Date of Receipt 06 / 24 / 2016 Transaction ID : 527-P22804 Amount of Each Receipt this Period 225.00 Payroll Deduction (\$75.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional).....		420.00
TOTAL This Period (last page this line number only).....		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 14

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Deanna P Thompson		Date of Receipt M / M / Y 06 / 24 / 2016 Transaction ID : 527-P22805
Mailing Address 177 Montalvo Rd		Amount of Each Receipt this Period 150.00
City Redwood City	State CA	Zip Code 94062-3820
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$50.00 Bi-Weekly)
Name of Employer Apria Healthcare	Occupation VP Strategic Relationships	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	
B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional).....		150.00
TOTAL This Period (last page this line number only).....		1005.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 14

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CARPER FOR SENATE (P)

Mailing Address PO BOX 2882

City State Zip Code
WILMINGTON DE 19805

Purpose of Disbursement
Contribution to Senate Candidate

011

Candidate Name

THOMAS R CARPER

Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: DE District: 00

Date of Disbursement

MM / DD / YYYY
06 / 08 / 2016

Transaction ID : 519

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF PAT TOOMEY (P)

Mailing Address 2720 JORDAN ROAD

City State Zip Code
OREFIELD PA 18069

Purpose of Disbursement
Contribution to Senate candidate

011

Candidate Name

PATRICK JOSEPH TOOMEY

Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 00

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2016

Transaction ID : 514

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. HEIDI FOR SENATE (P)

Mailing Address PO BOX 1577

City State Zip Code
BISMARCK ND 58502

Purpose of Disbursement
Contribution to Senate Candidate

011

Candidate Name

HEIDI HEITKAMP

Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: ND District: 00

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2016

Transaction ID : 522

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶

12500.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. KENNY MARCHANT FOR CONGRESS (P)

Mailing Address PO BOX 110187

City CARROLLTON State TX Zip Code 75011

Purpose of Disbursement
Contribution to House Candidate

Candidate Name

KENNY E MR. MARCHANT

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 24

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 11 / 2016

Transaction ID : 523

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. LARSON FOR CONGRESS (P)

Mailing Address PO BOX 479

City GLASTONBURY State CT Zip Code 06033

Purpose of Disbursement
Contribution to House Candidate

Candidate Name

JOHN B LARSON

Office Sought: ☒ House
☐ Senate
☐ President

State: CT District: 01

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : 521

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. LOEBSACK FOR CONGRESS (P)

Mailing Address PO BOX 3013

City IOWA CITY State IA Zip Code 52244

Purpose of Disbursement
Contribution to House Candidate

Candidate Name

DAVID WAYNE LOEBSACK

Office Sought: ☒ House
☐ Senate
☐ President

State: IA District: 02

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2016

Transaction ID : 515

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional).....

6500.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. LOEBSACK FOR CONGRESS (P)

Date of Disbursement

MM / DD / YYYY
05 / 24 / 2016

Mailing Address PO BOX 3013

City State Zip Code
IOWA CITY IA 52244

Purpose of Disbursement
Contribution to House Candidate

011

Transaction ID : 516

Amount of Each Disbursement this Period

1000.00

Candidate Name

DAVID WAYNE LOEBSACK

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: IA District: 02

Full Name (Last, First, Middle Initial)

B. MENENDEZ FOR SENATE (P)

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Mailing Address PO BOX 32248

City State Zip Code
NEWARK NJ 07102

Purpose of Disbursement
Contribution to Senate Candidate

011

Transaction ID : 518

Amount of Each Disbursement this Period

5000.00

Candidate Name

ROBERT MENENDEZ

Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 00

Full Name (Last, First, Middle Initial)

C. TIBERI FOR CONGRESS (P)

Date of Disbursement

MM / DD / YYYY
05 / 26 / 2016

Mailing Address 2931 E DUBLIN GRANVILLE ROAD

City State Zip Code
COLUMBUS OH 43231

Purpose of Disbursement
Contribution to House Candidate

011

Transaction ID : 482

Amount of Each Disbursement this Period

2500.00

Candidate Name

PATRICK J. TIBERI

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 12

SUBTOTAL of Disbursements This Page (optional).....

8500.00

TOTAL This Period (last page this line number only).....

2016-06-28 09:01:00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 14

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TIM MURPHY FOR CONGRESS (P)

Mailing Address PO BOX 24551

City
PTTSBURGH

State
PA

Zip Code
15234

Purpose of Disbursement
Contribution to House Candidate

011

Candidate Name

TIM MURPHY

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 18

Date of Disbursement

05 / 25 / 2016

Transaction ID : 517

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. TIM SCOTT FOR SENATE (P)

Mailing Address 1405 ASHLEY RIVER RD

City
CHARLESTON

State
SC

Zip Code
29407

Purpose of Disbursement
Contribution to Senate candidate

011

Candidate Name

TIM E SCOTT

Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary ☒ General
☐ Other (specify) ▼

State: SC

District: 00

Date of Disbursement

05 / 25 / 2016

Transaction ID : 524

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

05 / 25 / 2016

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

7500.00

TOTAL This Period (last page this line number only)..... ►

35000.00

EXTRA

The logo for "earth smart" is located in the bottom right corner. It features the words "earth smart" in a lowercase, sans-serif font. The word "earth" is in a dark grey color, and "smart" is in a lighter grey color. The text is positioned over a dark, textured background that resembles a night sky or a close-up of a planet's surface.

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MS. SAMANTHA HAY
FEDERAL ELECTION COMMISSION
999 E STREET, N.W.
WASHINGTON DC 20463
DEC. 20050B
(040) 530-4473

FOR **MS. SAMANTHA HAY**
FEDERAL ELECTION
999 E STREET, N.W.

WASHINGTON DC 20463
949) 639-4423
REF: 30508

DEPT: 30.3155

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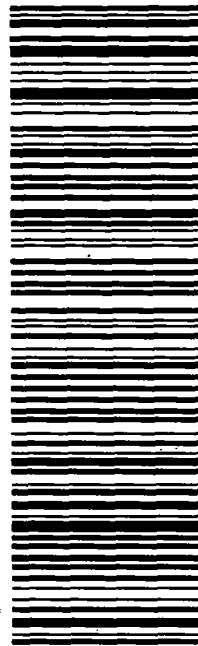
Ms. Samantha Hay
Federal Election Commiss
999 E Street, N.W.
Washington, D.C. 20463

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